

July, 2001

Responses to Comments on Formaldehyde from the Composite Panel Association

Comment by B. Landry of Venable, Attorneys at Law, for the Composite Panel Association ("CPA"), formerly the National Particleboard Association

Comment 1: CPA strongly supports the decision of OEHHA, which was endorsed by the Scientific Review Panel, to remove formaldehyde from Tier 1 status. ... The reasons that formaldehyde was removed from Tier 1 were fully explained by the OEHHA staff and endorsed by consensus at the SRP's June 15, 2001 meeting. The studies simply do not support such a listing.

Response 1: OEHHA thanks the commenter for the support. Although the consensus was that the studies were not sufficient to place formaldehyde in Tier 1, OEHHA did find that there was evidence of possible differential effects of formaldehyde on children. The decision to remove formaldehyde from Tier 1 was based on the conclusion by OEHHA that other TACs deserved higher priority. Although the prioritization process to be used in subsequent stages of the implementation of the Children's Environmental Health Protection Act (SB25) has yet to be determined, the evidence identified in this report will be taken into account when formaldehyde is eventually considered in detail (as is required for all identified TACs).

Comment 2: Another strongly encouraging development, not discussed at the meeting, is the publication of a new risk assessment of formaldehyde by the CIIT Research Centers, Formaldehyde: Hazard Characterization and Dose-Response Assessment for Carcinogenicity by the Route of Inhalation. This state of the art, peer-reviewed work was developed over many years with the cooperation and guidance of personnel from the EPA and Health Canada. It showed a dramatically lower risk than had previously been assumed. ... It adds weight to the decision of OEHHA to remove formaldehyde from Tier 1.

Response 2: OEHHA takes note of the material presented in this comment. The information presented bears primarily on cancer risk in adults. OEHHA has expressed a general concern that carcinogens may have differential impact on infants and children, and this was taken into account in considering the priority given to formaldehyde. However, neither the commenter nor OEHHA have identified evidence of a differential carcinogenic effect specifically of formaldehyde on children. OEHHA is familiar with the dose-response analyses described by the commenter, but emphasizes that the results of these calculations have no direct bearing on the current process of prioritization under SB25. Indeed, it might be concluded that the emphasis on the clonal expansion model in the formaldehyde analysis provides a clear mechanistic and mathematical basis for expecting that there would be a greater sensitivity to the carcinogenic effect at younger ages. However, as OEHHA pointed out in the introduction to the document, such general considerations were given a lower weight in the prioritization than experimental data with the specific compound being evaluated.